OR STATE EALTH DEPT.

files. Heolih, director 6 ·o



PLACE OF DEATH

o. COUNTY

NAME OF

5. SEX

DECEASED (Type or print)

13. FATHER'S NAME

couse last.

ACTUAL

SIGNATURE

EXAMINER'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

e. m.

p. m.

220. BURIAL, CREMATION, 226, DATE THEREOF

atained for a State Board State death. with 1 SO ond form D buriol-transit 9 0 OX used Chief Medical I Chief DIRECTOR: DEPUTY MEDICAL FUNERAL E

0 VS. A1SME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission O. STATE b. COUNTY MARYLAND b. CITY OR TOWN Ill outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE First Middle Month Yeor DEATH 19 6. COLOR OR RACE MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE lin years IF UNDER TYEAR IF UNDER 24 HRS lost berthday) Months Doys Hours WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during may of working life, even if retired) 14. MOTHER'S MAIDEN NAME INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19, WAS AUTOPS PERFORMED? YES | NOA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Slale) factory, street, office bldg., etc.) While Nat while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Ir Inquiry and in my Natural causes Y. opinion death resulted from: Accident . Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER -

22d LOCATION (City, town, og county)

24b.

REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

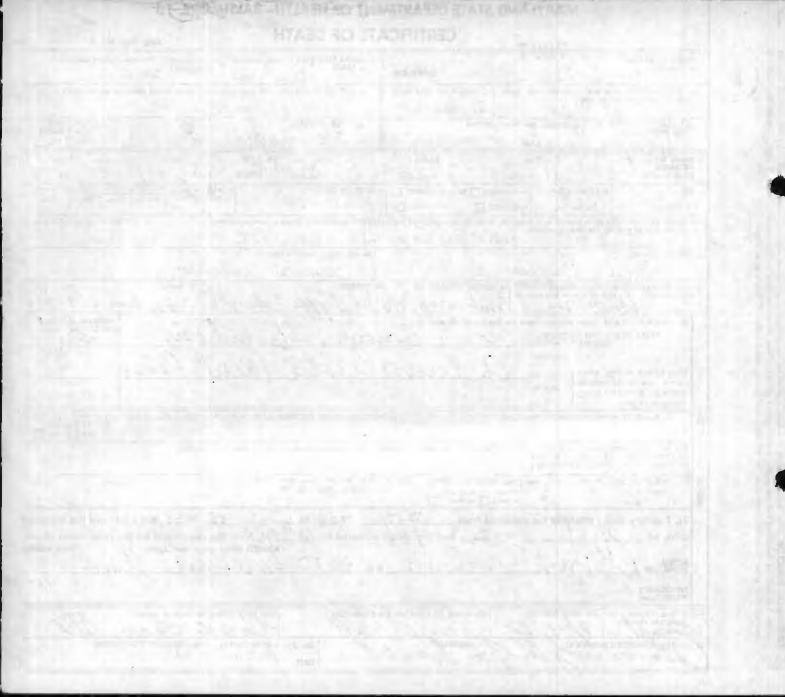
(State)

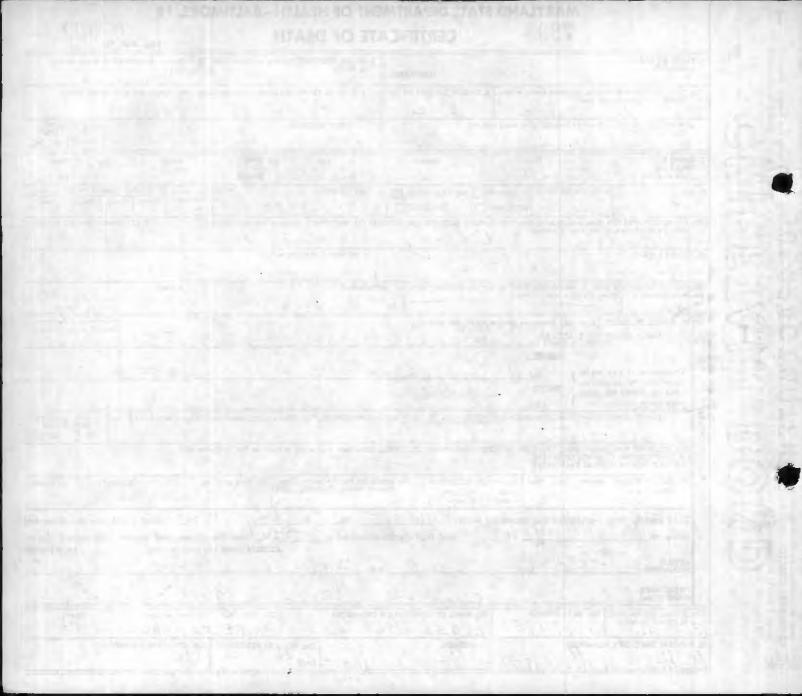
NAME OF CEMETERYLOR CREMATORY

ADDRESS

Reg. Dist. N. 7996 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Kanch the funeral shauld be fi death. GITY OR TOWN (If onlyide corporate limits, write HURAL and give negret town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside sesporate limits, write RURAL and give nearest town) 70 €0 1 NAME OF HOSPITAL IIF not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 20 marial YES NO D NAME OF First Middle 4. DATE Day Year Month DECEASED 24 OF (Type or print) aues 19.54 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. ACE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Hours Min. male WIDOWED A DIVORCED [cample VES papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of frocking life, even if retired) pon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT mound 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420.0 DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** catse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NO 20a, ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] Year 20d. INJURY OCCURRED Day, (County) (State) factory, street, affice bldg., etc.) Q. 15. Not while While at work at work p. m. . 19 5 8 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12 PM, from the causes and on the date stated above. alive on ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL DIREC SIGNATUR shauld TO HOSPITAL PHYSICIAN'S NAME (Type) FUNERAL 220 BURIAL CREMATION. 22b. DATE THEREOS 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or county) (Stote) page KEMOVAL (Speotly) 0 23. FUNERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Wheat 5 VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





VS A15 (4) 15M 10/57

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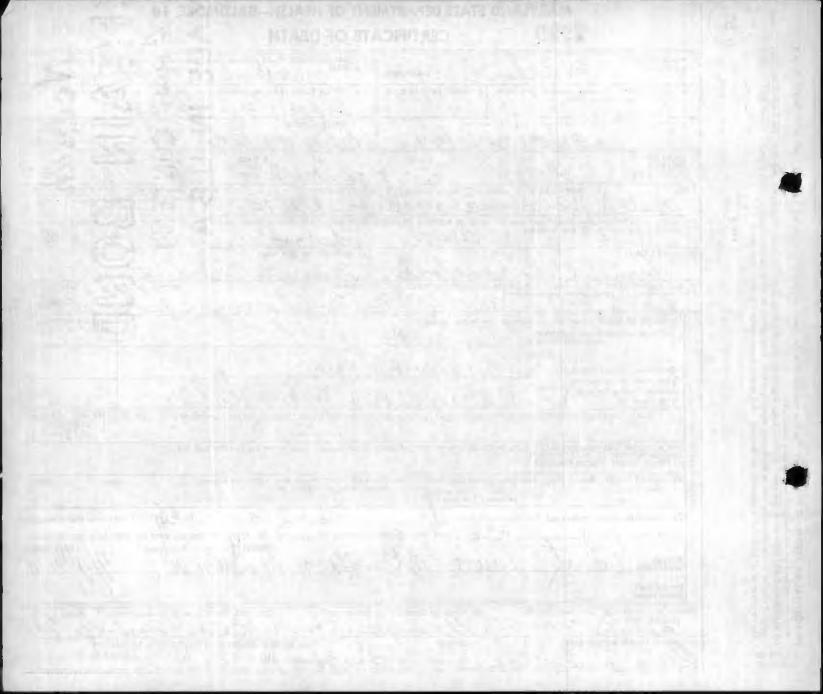
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7999

CERTIFICATE OF DEATH

()7998 Reg. Dist. No.

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest town)	c. CITY OR YOWN (If outside corporate limits, write RURAL and give profest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION R. F. D. # 1 Box 144	R.F. W. # 1 Box 144 VES NO DE
3. NAME OF DECEASED (Type or print) Stugh Middle	Bransford of DEATH 7 8 1958
5. SEX. Male negro WIDOWED DIVORCED DIVORCED	B. DATE OF AIRTH 1-29-1875 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Min. Months Doys Hours Min. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	Springfield, Denn. U. S. a.
Samuel Bransford	Harriett Cheatan
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO. 17. I [17 yes, give wor or dottes of services] 216-12-5436 2	W. Drughel Bransford by Have de Gran
18. CAUSE OF DEATH [Enter only one couse per-line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which)	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stoting the under lying couse tast. (b) (1) (b) (1) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	na d Prostale
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased from 37 8 and that death	accurred at 11 A M, from the dayses and on the date stated above
ACTUAL SIGNATURE (2 X 1 X LUVY M) PHYSICIAN'S	mo Havre de Ausci MX 7/9/58
PAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7-11-58 Dreems	R CREMATORY 22d. LOCATION (City, town, or county) 4 cing Cem Level Harbor Ce Ma
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Litelia & Bullock- Flame de &	Lace My DATE JUL 1 4 '58 COLLEGISTRAR'S SIGNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07999
		8019 CERTIFICATE OF DEATH Reg. Dist. No.
1)		PLACE OF DEATH D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY ARFORD MARYLAND
	1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
00		DAR LINGTON d. NAME OF HOSPITAL (If not in hospital, give street oddress) or INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO N
		NAME OF DECEASED CHARLES EDWARD BROWN 4. DATE Month Day Year OF DEATH JULY 9, 1957
(5. 5	W WIDOWED DIVORCED TUNE 10, 1915 H3 yrs. Months Days Hours Min.
-	E	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) LECTRICAL OPERATOR HYDRO-ELECTRIC DARLINGTON, Mb., U.S.A.
	13.	PHILIP L.C. BROWN MARY BURKINS
	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
	H	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: ACUTE CORON Gry Throntosis ONSET AND DEATH 4/10clps
		Conditions, if ony, which) (b)
		gove rise to immediate couse (a), stating the under- lying couse lost.
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS PERFORMED? YES NO (
	CERTIF	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING 20b. DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not while of work o
		21. I certify that I oftended the deceosed from Town, 1949, to tuly 5, 1952, that I lost sow the deceo
		olive on 1958, and that death occurred of 1250 M. (from the couses and on the date stated obcomess (Street, city or town, state) DATE SIG
1		SIGNATURE NUMBER Thelly M.D. SARlingTon md 7/9/57
1		PHYSICIAN'S Dudley Phillips MI) DARLINGTON mod
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Jown, or county) (Stote)
	\$ 3.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
	1	John H, Harley Della Va. DATE JUL 1 4 '58 Cll Leduch

party of the same of the extraction

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08000 **CERTIFICATE OF DEATH**

	8000	CER	TIFICATE OF	DEATH		Reg. Dist. No.	
1. FLICE OF DEATH	H	PILLAND WELL	RYLAND CATAL	ingland	osed lived. If institution b. COUNTY	n Residence before	id
RURAY ond giv	SPITAL (If not in hospital.	ce 94/4	STREET GS.	ugle &	ochonie	JRAL and gife near	IS RESIDENCE ON A FARM? YES NO PA
3 NAME OF DECEASED (Type or print)	Willian	of Edward	Budme	OST OF DEA	- / ·	158 Day	Year 19
5. SEX	6. COLOR OR RACE	7- MARRIED ANEVER MAR	CED B. DATE OF BIR	11571	9. AGE (In years loss by hiday) yrs.	Months Days	Hours Min.
alined &	ATION (Give hind of work working life, each irretired	done 10b. KIND OF BUSINESS	P. A. M	PLACE (Stote or foreign	1	1. 1.	WHAT COUNTRY
13. FATHER'S NAME	ad Bu	duile	Flor	exterior	Hall	Tay	
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOI	RCES? 16. SOCIAL SECURITY N	17. INFORMANT	seran 7	Addy	605,	O. Wash.
	DEATH [Enter only one control of the DEATH WAS CAUSED BY:	ouse per line for (o), (b), and (as fant	Dene		INTER	VAL BETWEEN T AND OFATH
Conditions, if gave rise to couse (o), stati	if any, which a immediate on the under-	atorio	esetent				
2	OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO D					WAS AUTOPSY PERFORMED? YES NO 1
O THE EITHER, NOT	WAS UNDERLYING [] ING [] CAUSE OF DÉATH IFY MEDICAL EXAMINER]	206. DESCRIBE HOW INJURY	OCCURRED (Enter noture	of injury in Part I or I	Fort II of item 18.)		
20c, TIME OF IN. Hour a. r	m	or 20d INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY foctory, street, office	(Home, form, ce bldg., etc.)	City or town)	(County)	(State)
21. I certify alive an 7	that I attended the	deceased from 7- , 12 15, and the	2 5 , 19 5 or death accurred at	t 1/30AM, fr	am the causes or (Street, city or town, s	that I last saw and an the date	the deceased stated above DATE SIGNED
PHYSICIAN'S NAME (Type)	JE J	SIMON				/	
PIMOVAL (SPACE)	7/28	15% and	METERY OR CREMATORY	220 100	ATION (City town, or	Country	(State)
23 FUNERAL DIRECTO	OR'S SIGNATURE	De Mooness	le The	240 REC'D BY REG	ISTRAR 24b REGIST	RAR'S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8001 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08001

1			Ite d Films23	1 /-11-58 et		Reg. Dist. No.
		PLACE OF DEATH D. COUNTY	MARYLAND	2. USUAL RESIDENCE (V	A A A MARKET	Y // / / /
4	1-	1711 TO 4 COURTY				7017. 4
	0	O. CITY OR TOWN (If oviside corporate limits, write RURÁL and give nearest town) BEL HEC	40 YEARS	32 TREL APR	autide corporate limits, write	RURAL and give nearest town)
		I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	vital give street address)	/ d. STREET ADDRESS		e, IS RESIDENCE
-ož			Adway		AND EAST BrOA	
	111	NAME OF DECEASED (Type or print) To Aic . ENA	MALLEN'	Burkins	4. DATE Month	Day Year
	5. S	EX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
		WIDOWED	. /	Taly 160 /8 3	last burhday) 5 E yrs.	Months Days Haurs Min.
1	10a	. USUAL OCCUPATION (Give kind of work done 10b. KI luring most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
)	L°	Harry LL Ho.	SEKETPINI		MARYAND	il SH
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
		LC-P, K. WAITEN			NEHIE	
	₹S. ¡Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no. or unknown) If yes, give wor or doles of service)		s. J. The nas W	Arien 2305	iten & Bullymini
		18. CAUSE OF DEATH [Enter only one cause per line for		. /		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	CARRAGOR	V HEAD	- //10-00	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	CORONAR	Y I CAR	· ·//ISEAS	E UNK.
		322.1 DUE TO		Pulman	. //	OVER
		Conditions, if ony, which by the gove rise to immediate couse	UTE AND	CHRUNIC	TLCOH	OLISM SYR
		(o), stating the underlying DUE TO			- "	
		Couse last. (c)				
	20	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	EN IN PART I(g) 19 WAS AUTOPSY PERFORMED?
	CATION					YES NO
		20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING (1)	HOW INJURY OCCURRED. (En	ter noture of injury in Part	For Port II of item 18.)	
	CERTIFI	PRIMARY Or CONTRIBUTING CAUSE OF DEATH				
		20c. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 20e. PLACE	E OF INITIBY (Home form	, 20f. (City or town)	(County) (State)
	MEDICAL	Hour o. m. While	Not while factor	y, street, affice bldg., etc.		(Sidile)
	×		rk at work			
		21. I certify that I took charge of the re			the second	Inquiry 🔀 and find that
		death resulted from: Natural causes	, Accident , Suic	ide 🔲 , Homicide	, Undetermined o	ause
		104 1 1 -/				
		SIGNATURE HULLE TU. SIL	IMIAAI ,	M.D. CHIEF MEDICAL EX	AMINER 🗌	DATE SIGNED
)				ASSISTANT MEDICA	AL EXAMINER	July 3, 1958
. ~		EXAMINER'S PHILIP W. HI	EUMAN M	D DEPUTY MEDICAL E	EXAMINER	11
	220		22c. NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, lown, o	or county) (State)
		REMOVAL (Specify) July 5, 1958	Hel ATT INCHER	ial bardens	7-1 10-1	and Co. Maryla d
	-	CHAICDAL DIDECTOR'S CICALATURE	ADDRESC			STRAR'S SIGNATURE
		fromphilite in friter Br	11 in front History	1 Ams St	7 150 100	- Buch

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any cute the certificate, writing the world pending" in pending in Item 18. Give Pages 1, 2, and 3 ta the forest forwarded to the Chief Medical ner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR; Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the or removol. VS. A15ME(5) 5M 9/55

If any delay is necessory, please exerte funeral director. Page 4 should be fall for files.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8002

b. CITY OR TOWN (If outside corporate limits, write

AVIPEDEGRACE d. NAME OF HOSPITAL (If not in hospital, give street oddress)

RURAL and give nearest lawn)

RFORD

MARYLAND

c. LENGTH OF STAY IN 15

Reg. Dist. No.

e. IS RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

o. STATE

OCCUPATY

(/ /

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

DEGRACE

b. COUNTY

CERTIFICATE OF DEATH

d. STREET ADDRESS

~			٠,
1	Ø	Ni	
Ī	/		
2			

1. PLACE OF DEATH 0. COUNTY / /

in by the funeral director, and 2 should be filed with the attending physician and campletely Then alonse remove carbon papers. move carbon pap haurs after death please ate has been signed by the che burial-transit permit. Then ar remaval, and in any event may be retained by the haspital or pi'll to FUNERAL DIRECTOR: After this page 3 shauld be detached for use and the registrar prior to burial, cremation,

HYSELIAN: The law requi ___ that the dam certificate be executed within 21 llaure after death. Page

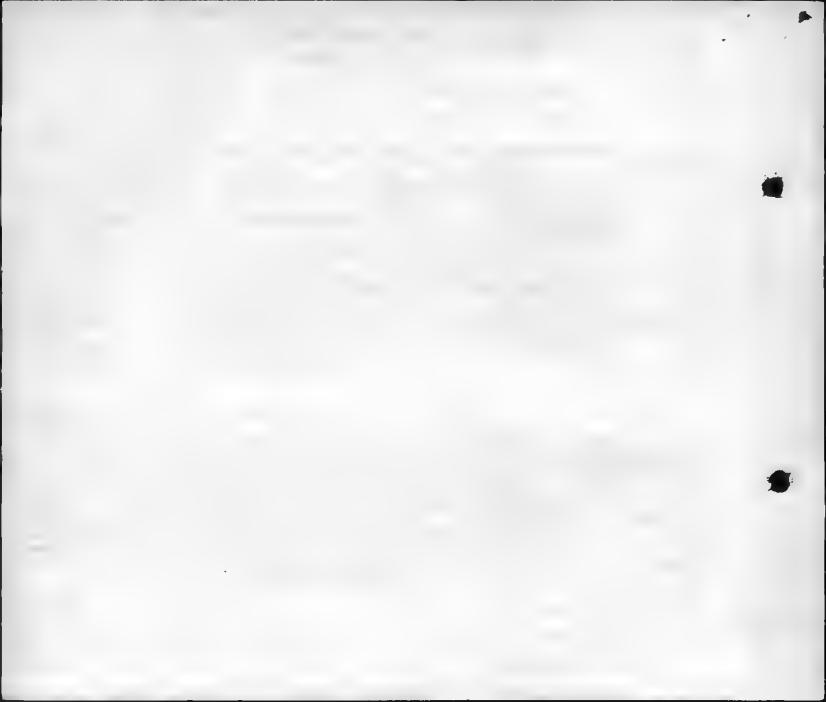
TO HOSPITAE OR

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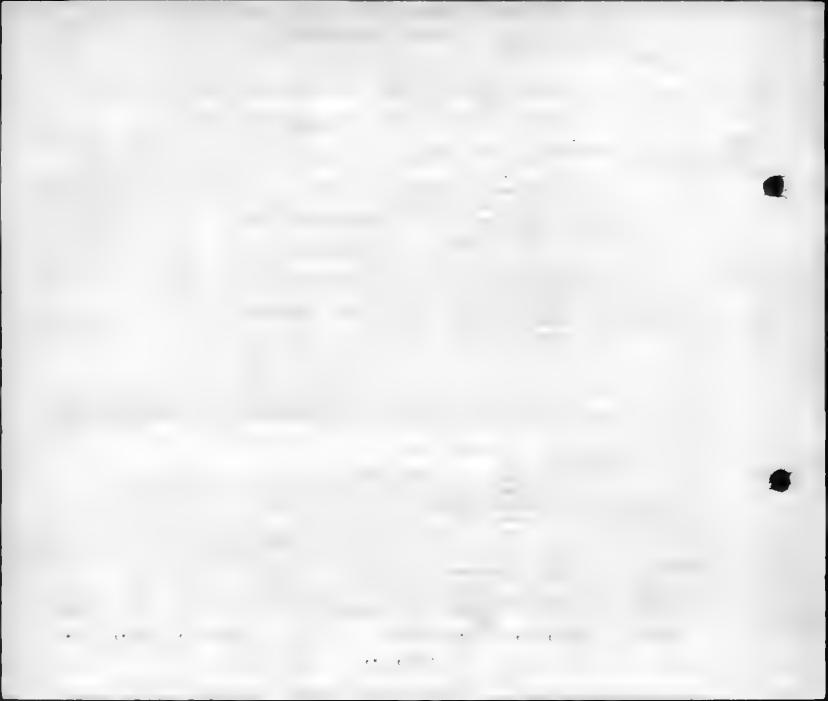
	SUPERIOR	ST			SUPERIO	R		YES [NO 🔼
	NAME OF DECEASED (Type or print)	First	ROME	Middle	ASSADY	4. DATE OF DEATH	Month 1/		'eor
		LOR OR RACE 7	MARRIED NEVE	R MARRIED	B. DATE OF BIRTH		AGE (In years IF UND) Months	R TYEAR IF UNDE	9.5 8 R 24 HRS Min.
	during most of working life, A TTENDAN	even if retired)	PETIRED	SINESS OR INDUS	TAL XX/YE	or foreign coun	12. C	1.5. A.	COUNTRY?
13.	FATHER'S NAME	NIT		,	14. MOTHER'S MAIDEN N	NAME	•		
15 (Ye		S. ARMED FORCE WOR OF HOTEL PLAN AR		RVICE M	PES ESTHER	S.C.	/ 11	PERIOR, .	ST.
			e per ling for (a), (b)	ond (c).]	1 Cerli	ANG)	2	INTERVAL BET	DEATH
	Conditions, if ony, whi gave rise to immedicause (o), stating the und lying cause last.	ote (ili	tirio:	definit	in /	Hierad.	200	yeur
CERTIFICATION			TIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVEN IN PA	RT 1(a) 19 WAS A PERFOI YES	RMED?
L CERTIF	20g. ACCIDENT WAS UNDE OR CONTRIBUTING [] CAL (IF EITHER, NOTIFY MEDICA	REYING (1) 20 ISE OF DEATH IL EXAMINER)	06. DESCRIBE HOW I	NJURY OCCURRED). (Enter nature of injury in I	Part I or Part II	of item 18.)		
MEDICAL	20c. TIME OF INJURY Mon How a. j., p. m.	th, Day, Year 19	20d. INJURY OCCU While Nat wh at work ot work	ile foc	ICE OF INJURY (Home, form lory, street, office bldg., etc.	20f. (City or	lawn)	(County)	(State)
	21. I certify, that 1 o alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	itended the d		d that death			the couses and on the city or town, state)		
22c		DATE THEREOF	758 22c. NAME ANG	OF CEMETERY OF	CREMATORY LEM.	22d LOCATIO	N (City, town, or county)	(State	7
	FUNERAL DIRECTOR'S SIGNA		40000	e _		D BY REGISTRA		ICHATUPE !	
23.	Whatson 1	akhell	HAVIPER	1000	E MO DATE III		Roof.		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* 35/		8004 CERTIFICATE OF DEATH ()S()U5
directo W	1. [AACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE O. STAT
See the see th	1	RURAL and give nearest town) CUTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d 2 she	4	MAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? YES NO DE
ed in b		NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH JULY 17 1958
plete.	5. 5	ngle White WIDOWED DIVORCED JULY 12, 1958 lost birthdoy) Months Days Hours Ming
and campi		USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. DIRTHPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY? 15. CITIZEN OF WHAT COUNTRY?
ician softe	6	FATHER'S MANGE. 14 MOTHER'S MANDEN NAME 12 / 1/19M Donald Crawford ELIZOBETH Margaret Konc
eath certificanting physical properties of the control of the cont		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO. or welthousell 19 year, give wor or dofae of service) no. or welthousell 19 year, give wor or dofae of service) no. Or welthousell 19 year, give wor or dofae of service) no. Or welthousell 19 year, give wor or dofae of service) no. Or welthousell 19 year, give wor or dofae of service)
he deat		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (cl.) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A COUSE OF DEATH ONSE; AND DEATH ONSE; AND DEATH ONSE; AND DEATH
es that it		Conditions, if ony, which (b)
r require	7	tying couse lost. DUE TO (c)
The law g physic has bee urial-tra emaval,	CERTIFICATION	PAM 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO
IAN: icote the b		20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
S PHYSIC ital of the or use as	MEDICAL	Hour o. m. While Not while of work of work of work
he hosp R: After oched f buriol, o		21. I certify that I attended the deceased from 1937, to 7/1, 1937, that I last sow the deceased alive on 1937, and that death occurred at 610 PM, from the causes and on the date stated above.
ined by the DIRECTO		ACTUAL SIGNATURE M.D. 602 5.47/22 AVE: 7/17
PHTAL e reto ERAL 3 shou gistror	220	PHYSICIAN'S NAME (Type) F. J. Hate Havre de grace Md. BUR.AL CREMATION, 1276. DATE THEREOF 120 NAME OF CEMETERY OR CREMATORY 122d LOCATION (City, town, or county) (State)
TO HOS		BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Burial (Specify) Burial (Specify) St. Stephens Bradshaw Balto Md FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
VS A1S (4) 15M 9/5S		(HUTH AR MICHALLE) Abingdon, Md., DATE JUL 2 2 '58 all reauch
		2071346XU5



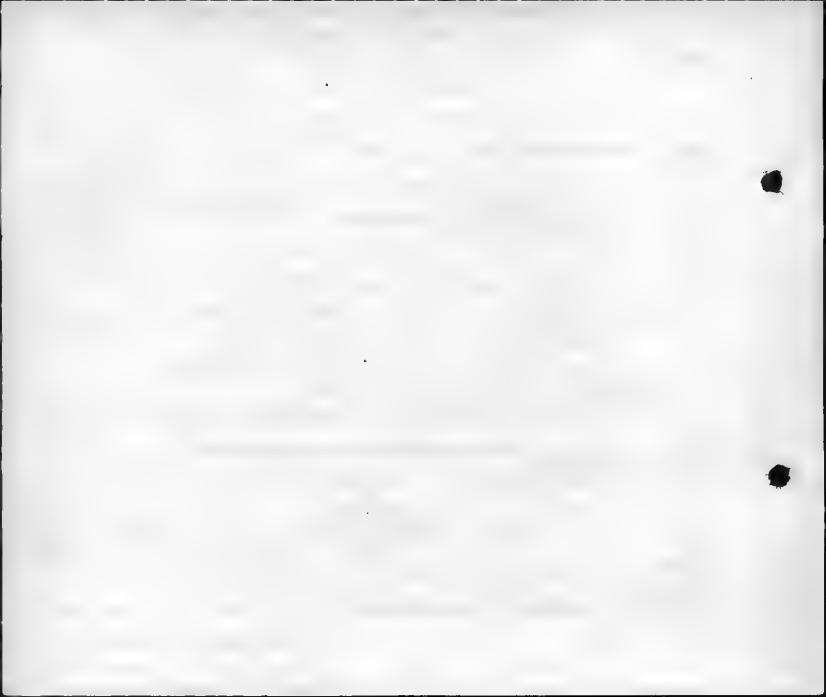
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 8005 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decepted fixed. 11 institution. Residence before admission) direct a. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give nearest town). D d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 4010 NAME OF First Middle 4. DATE DECEASED OF (Type or print) DEATH 7. MARRIED NEVER MARRIED 9. AGE [In yeors' 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH DIVORCED [WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) ing most of working like, even if retired Puo carban roaci 01 FATHER'S NAME 14. MOTHER'S MAIDEN NAME smave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANI 14. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause pec line for (o), (b), and (c), ā PART 1. DEATH WAS CAUSED BY: | IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which] gove rise to immediate 2.5 **DUE TO** cotise (o), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) 19. WAS AUTOPSY 29g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) ö CAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) foctory, street, office bldg, etc.) o. m. While Not while of work of wark p m. 21. I certify that I attended the deceased from

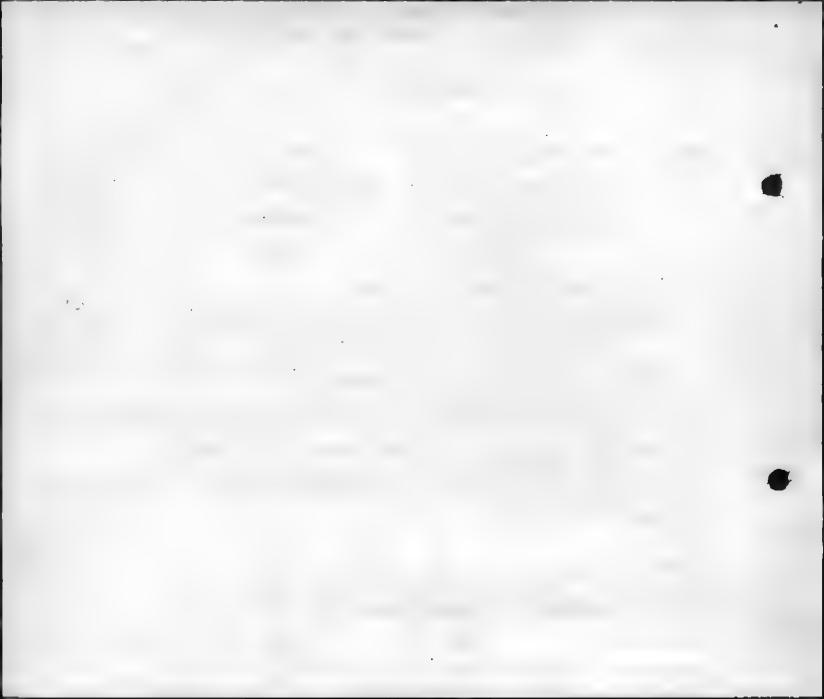
08006Reg. Dist. No. b. COUNTY e. IS RESIDENCE ON A FARM? YES | NO TH Month Year 1958 IF UNDER TYEAR IF UNDER 24 HRS last birthdoy) Months Days Hours YES. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSEL AND DEATH PERFORMED? YES NO (County) (Stote) that I last saw the deceased... M, from the causes and on the date stated above. (Stote)

and that death accurred ADDRESS (Streety city or town, state) DIRECT ACTUAL prior p shoul PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (NEMOVAL (Specify) 5 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4)

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8007

Reg. Dist. No.

08008

	1 PLACE OF DEATH O COUNTY 1 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
	MARYLAND STATE And 6 COUNTY Harley
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) ond give nearest fown)
Л	Havrell & he x # dry ? Pery wen
	DOH FLAM, TO Manuary Ita special Calendons (If not in hospital, give street address) d STREET ADDRESS IS REFINANTED ON A FARM. VES NO P
	3. NAME OF DECEASED Lost A DATE Month Doy Year
	(Type of print) Hugo C C-Ge)-98 DEATH July 11 19 3
	3. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTY 890 9 AGE (In years IF UNDER 14 ARS WIDOWED 1 DIVORCED 2/1/890 1 FUNDER 14 HOUSE M'n
	100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT CO INTRY? 100 US VY & WORKOT US GOVE HARRING YEAR THE STORY 11 DIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT CO INTRY?
	13 FATHER'S NAME
	Hugo Yourges NI. Williamowa
	15. WAS DECEASED EVER IN U. 6. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANY (Yes, no, or unishoun) (1) yes, give wor or doles of service.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
	PART I, DEATH WAS CAUSED BY:
	420. IMMEDIATE CAUSE (a) OTTO
	Conditions, if any, which (b)
	gave rise to immediate cause (a), stating the underlying DUE TO
	couse lost. (c)
	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Fort II of item 18) CAUSE OF DEATH.
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 10f. (City or town) (County) (State) Hour e. m. p. m. 19 of work at work
	21. I certify that) took charge of the remains described above, held on Autopsy . (Inspection , Inquiry ., and in my
	apinion deoth resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner
	ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER DE BU'Acz W DATE SIGNED
	EXAMINER'S GOTOLO COLM COMP. DEPUTY MEDICAL EXAMINER D. 1-12-58
	270. BUSIAL CREMATION 226 DATE THEREOF TO NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (240. REC'D BY REGISTRAR'S SIGNATURE)
	John G. Darring aberdeau Tues parell 10 '58 Per and

VS. A15ME 5M 2 57

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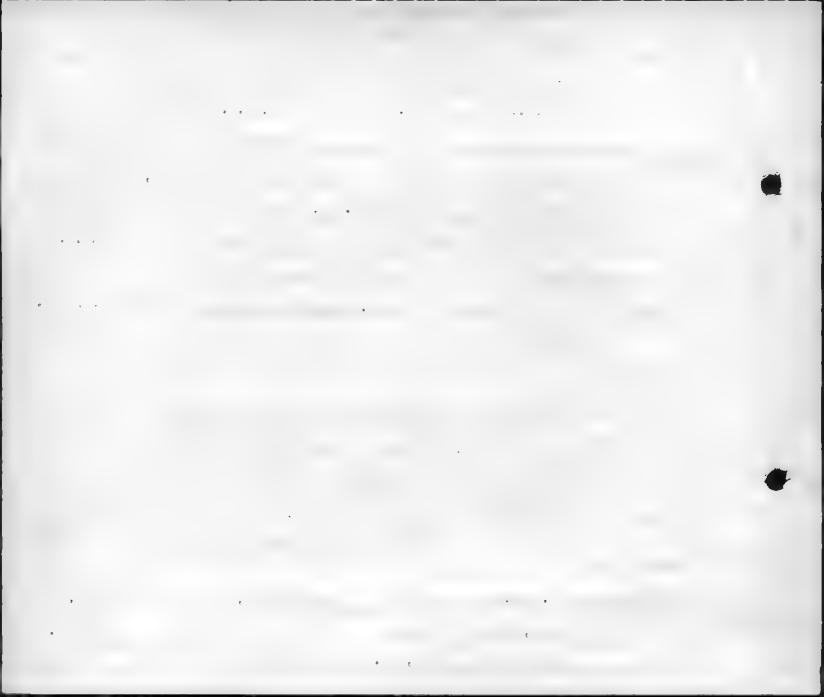
L		8021		CERTIFIC	CAH	COPUL	AIF	3		Reg. D	ist. No		
	PLACE OF DEATH o. COUNTY	Herford		MARYLAN	- 11	o. STATE	nce (wh A ary]		lived. If instituti b. COUNTY		ince befo		tion)
	RURAL and give n	f outside corporate limits, earest town) el Air R.D.		c. LENGTH OF STAY IN 1				utside corpoi r , R . I	rote limits, write R	URAL ond	give ne	orest tow	n)
		AL (If not in hospital, give				d. STREET ADD	RESS	norton				e. IS RE	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	First		Middle		Lost		4. DATE OF	Mor		Do	y	Yeor
F	. SEX	Viole		Burd		Grul	0.0	DEATH	Ju		4	4P 443 (P)	19 58
	female	white w	IDOWED		Fe	b. 28,			9 AGE (In years lost birthdoy) 91 yrs.	Months	Days	Hours	Min.
1	On. USUAL OCCUPATION during most of world	ON (Give kind of work dor king life, even if retired)	e 10b. Ki	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	E (State	or foreign co	ountry)	12. C	ITIZEN C	E WHAT	COUNTRY
L	n	one		none		Lone	don,	Engla	nd		U	.S.A	Le
13	3. FATHER'S NAME				14	. MOTHER'S M	AIDEN N	AME					
	The	omas Sopwith				Ge	rtm	ide Me	ssiter				
	Yes, no. or unknown]	R IN U. S ARMED FORCE (If yes, give wor or dates of servi	te)		, INFO	_			Add		m D	n	Md
E	no l	ATH [Enter only one cous		none	Mrs	Viole	M	Lean	26	l Ai	r, R	وهلاه	Mula
	Conditions, if a gove rise to it couse (o), stoting lying couse lost.	mmediate the under- (c)	_ A	ARDIO - K		SENI		У	AIGUR		2	4D	AYS
CEDTIETCATION	PART II. OTH	FER SIGNIFICANT CONDIT	TONS <u>CO</u>	NTRIBUTING TO DEATH I	TON TUE	RELATED TO TH	IE TERMII	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
к –	1.	S UNDERLYING () 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCR	RIBE HOW INJURY OCCUI	RRED. (Er	nter nature of in	njury in P	ort I or Port	It of item 18.)				
MEDICAL	ZOc. TIME OF INJUR Hour p. jr. p. m.	Y Month, Day, Year 19	20d. INJ While at work (Not while	PLACE (foctory,	OF INJURY (Ho street, office bi	me, form, ldg., etc.	20f. (City	or lown)		(County)		(State)
	alive on3	at I attended the d	12.5		oth occ	., 19 <u>.5%</u> , curred at 4:	00A	_M, fram	the causes of the city or town,	ınd on	last so	iw the	deceased ed above ATE SIGNED
	PHYSICIAN'S NAME (Type)	Hervey P. Si	dwel	1	M.D.	401	Fran	klin.	Bel	<i>Air</i>	a cop	Md.	1)
7	20. BURIAL CREMATIO REMOVAL (Specify)	Tan Tan E		2c. NAME OF CEMETERS Greenmount		EMATORY			ION (City, town, o	or county)		(Stot	
2	FUNERAL DIRECTOR		}	Abingdon, I	Md.	_	la. REC'C	BY REGISTI	RAR 245-REGIS			-	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or offending physician.

TO FUNERAL DIRECTOR: After this case has been signed by the attending physician and complete! The funeral director, page 3 should be detached for use the burial-transit permit. Then please remays carbon papers. Page 1 and 2 should be filed with the megistrar prior to burial, cremation, or remayal, and in any meent within 72 fours offer death.

VS A15 (4) 15M 9/55

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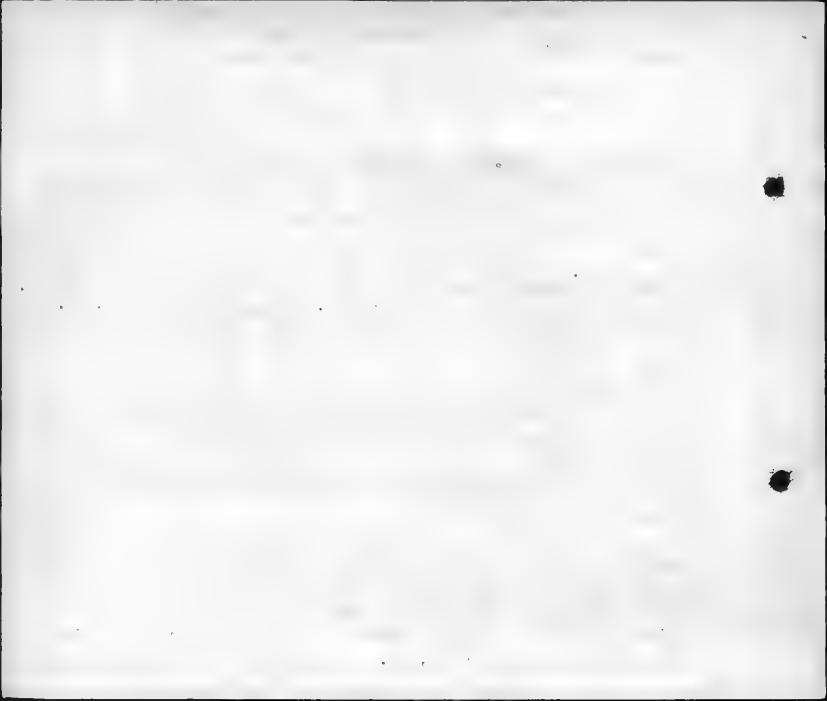
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at the death certificate be executed within 24 liquis after death. How

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ATTENDING PHYSICIAN: The low requires the hospital of awending physicion. STOR: After this ficule has been signed by detached for use as the burnol-transit permit. In burial, cremation, ar removal, and in any	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT
IAN: Thending Ficate hite bur		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
S PHYSICitol of 2% this or use os cremotion,	MEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d INJURY OCI While Nat of work at all we
OR ATTENDING PHY ned by the hospitol or DIRECTOR: After this d be detoched for use prior to buriol, cremol		21. I certify that I attended the deceased from alive on 7-29, 1959, ACTUAL SIGNATURE Levelle D. Hirs
HOSPITAL OR A oy be retained by FUNERAL DIRECT age 3 should be a e registrar prior I	/	PHYSICIAN'S GUNTHER D. HIK
moy be moy be TO FUNE page 3 the regi	22	Burial CREMATION, 276. DATE THEREOF 7/31/58 Gr
VS A15 (4) 15M 9755	76	Tunera director's signature Add
	1:	7.4 3x Vi

	8008	CE	RTIFICA	TE OF DE	ATH		Reg. Dist. I	No.
1. PLACE OF DEA	Harford		MARYLAND	2. USUAL RESIDEN	Pryland	ed lived, If institu b. COUNT		efare admission)
RURAL ond	WN (If autside corporate limits give neares) Jown)	6, write c. LENGTH OF	- H	HAUSE	WW (If aulside corp	orate limits, write	RURAL and give	neorest town}
d NAME OF H	/ /// ~.	ve street address)	ital	204	W1/500	54.	reet	•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECLASED (Type or print)	Larry KAXXXX	Wayne	X	all	4. DATE OF DEATH	July	onth	Day Year 9 1958
Male	12 /		VORCED	Tuly 2	9,1958	9, AGE (In years last birthday) yrs	Months Day	6 55
	of working life, even if retired)	due line KIND OF BOSI	NESS OR INDUS	114. MOTHER'S MA	E (State or fareign of	country)		OF WHAT COUNTRY?
arle	en R. H.	2//		Ves	49 1	Banke	70	W. T. a. a. D.
15. WAS DECEAS	ED EVER IN U. S. ARMED FORC			elen R.	Hall		dress 2011 e Gbac	Wilson St
PART Canditions gave rise cause (a), si lying cause		PULM	DIAC DNARY NATI	ARRES ATEL	RAVIERI	N D15	TRESS	NTERVAL BETWEEN NSET AND DEATH
20a. ACCIDE	II. OTHER SIGNIFICANT COND NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW IN			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IVEN IN PARI I(c	PERFORMED? YES NO
20c. TIME OF	INJURY Manth, Day, Yea	r 20d INJURY OCCURR While Nat while of work at work	for a	CE OF INJURY (Hailary, street, affice bi		ty or tawn}	(Caur	ity} (Stole)
1 1	fy that I attended the 7-29 Benutles -		1		ADDRESS (and an the	t saw the deceased date stated above DATE SIGNED
PHYSICIAN'S NAME (Type	GUNTHER	D. HIRS	i H	HA	VRE D	E GRAC	E M	d
REMOVAL (S Buria	1 7/31/9	8 Grov		tery	Al	oerdeen	Me	(Sinte) Rryland
Tarr	ing Funeral	Homberdee			ATE AUG 1	'58 24b REG	SISTRAR'S SIGNA	ATORE .



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08011

22d LOCATION (City, town, or county)

240. REC'D BY REGISTRAR
DATE JUL 3 0 '58

Abingdon, Harford, Maryland,

246. REGISTRAR'S SIGNATURE

		8022		CERTIFI	CA	TE OF DEATH	1		Reg. Di		00	TY	
1.	PLACE OF DEATH COUNTY Harford		MARYLA	[]	2. USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE b. COUNTY Har					before odmission)			
Γ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)			c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				give nea	re nearest town)		
L	Abingdon Lifetime				Abingdon								
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO				
3.	NAME OF DECEASED	First Lillian		Middle		Last	4. DATE OF	Month		Da	y	Year	
L	(Type or print)			Bertha		Harris	DEATH	July		25		1958	
5.	SEX		7. MARR	RIED NEVER MARRIED	B.	DATE OF BIRTH		A A A A A A A A A A A A A A A A A A A	Months	1 YEAR	Hours	ER 24 HRS Min.	
L	female	Colored	WIDOWI		400	ar.25,1903		55 yrs	Monnas	Doys	nours	Min.	
10	OITAQUODO JAU2U of during most of work	ON (Give kind of work or ring life, even if retired)	lone 10b.	KIND OF BUSINESS OR I	NDUSTR	STRY 11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY				
L	Domes					Harford Co., Maryland				U.S.A.			
13	FATHER'S NAME					14. MOTHER'S MAIDEN N							
L		C. Harris				Tillie Ma	shing	ton					
		R IN U. S. ARMED FOR! (If yes, give wor or dates of se		SOCIAL SECURITY NO.		ORMANT		Addre	SS				
L	nO				I	illie Harris	1	Abingdo	n M	aryl	and.	,	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		(c), (b), and (c).	4	orcluse	~				RVAL RE ET AND Lence	DEATH	
	Conditions, if a gove rise to it couse (o), stating	mmediate (glomera	lar	nephrit	ر ل			7	lear	<i>3</i> ?	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
MEIIICAL	Hour c. n.	Hour c. rs. While Not while toctory, street, office bldg., etc.)								(State)			
	21. I certify that I attended the deceased from 7-2, 1958, to 7-25, 1958, that I last saw the deceased alive on 7-25, and that death occurred at 2:15 p.M. from the causes and an the date stated above. ACTUAL SIGNATURE 7-14 0 1-7 drup M.D. M.D.												
	PHYSICIAN'S NAME (Type)	Fred O. Ho	สนธ			Edgewood	R.D	Maryla	nd.				

22c. NAME OF CEMETERY OR CREMATORY

Abingdon, Maryland.

John Wesley

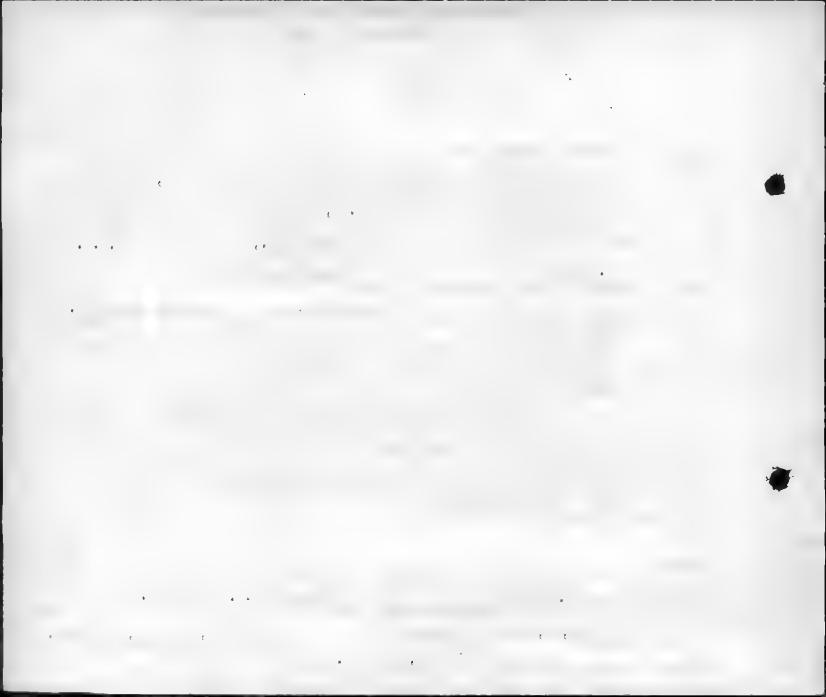
in by the funeral directar, and 2 should be filed with ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page cate has been signed by the attending physician and campletely burial-transiz-pecarit. Then please remave carbon papers. Por remaval, fand in ony event within 72 hours ofter death. moy be retained by the hospital or offer TO FUNERAL DIRECTOR: After this page 3 should be detached for use the registror prior to burial, cremation, TO HOSPITAL OR

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

July, 28, 1958

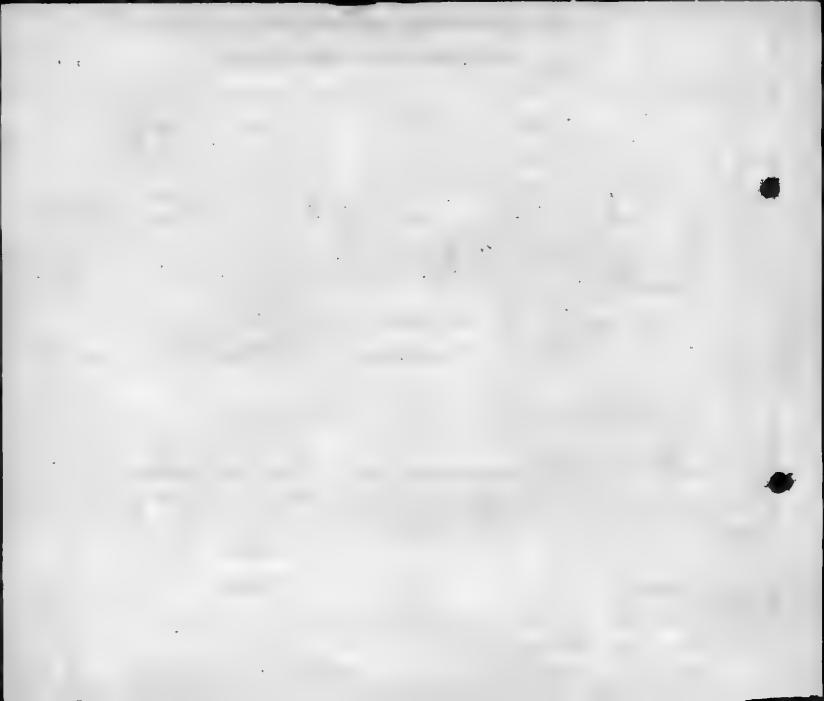


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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		No	•	9	1	
Dan.	Diet	No.		0	-	-

r this f this	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0012							
death, Afte	8023 CERTIFICATE OF	Reg. Dist. No.						
within #2 Lours after funeral director, the th	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY (If Outside corporele lyntis, write RURAL CITY (in this plece) OR TOWN COUNTY (in this plece) OR TOWN COUNTY COUNT	(If outside corporate limits, write RURAL and give nearest town) If Outside corporate limits, write RURAL and give nearest town If rup sive location)						
in by the	3. NAME OF (First) (Auddle) (Lest) (Type or Print) 5. SEX 6. CQLOR-OR 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 10e. USUAL OCCUPATION (Give kind of work done during most of working life, aven if the sex inputs to the sex	9. AGE last britidal IF UNDER YEAR IF UNDER 24 HRS. Yrs. Months Days Hours Min. CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS						
ertificate to filed with and complemy filled buried transit permit.	13. FATHER'S NAME 14. MOTHER'S MAIDEN/DAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, perjor unk.) [If Yes, give Gar or dates of service) 16. SOCIAL SECURITY NO. 17. MyFORMANT & ADDRESS Bluring							
if the death ce no physician for se as	ANTECEDENT CAUSE (A) LANGE COLORS (B) DIE TO CAUSE STATING UNDERLYING CAUSE LAST. (C) I DISEASES OR CONDITIONS, IF ANY, (B) DISEASES OR CONDITIONS, IF ANY, (B) OUE TO CAUSE STATING UNDERLYING CAUSE LAST. (C)	2 val desease 242						
require that the attending of the defined	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION [19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
alaw by		D INJURY OCCUR? (City or town) (County) (State)						
CTOR: The	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED Not white at work 21f. HOW DID INJURY OCCUR?							
certificate fias been exect death certificate assemily vs A15C 1-55 10M	22. I hereby certify that I attended the deceased from 19.55 alive on 19.52, 19.58, and that death occurred at 19.67. A SIGNATURE A.D. 23. BURIAL CREMATION DATE HEREOF NAME OF CEMETERY OR CREMATORY BURIAL SHEMATION 24. REC'D BY REGISTRAR REGISTRA	A, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED ADDRESS (Street, city, town, state) CONTIGN (City, town, or county) Control (City, town, or county) ADDRESS ADDRESS ADDRESS ADDRESS						



8009 CERTIFICATE OF DEATH

Reg. Dist. No.

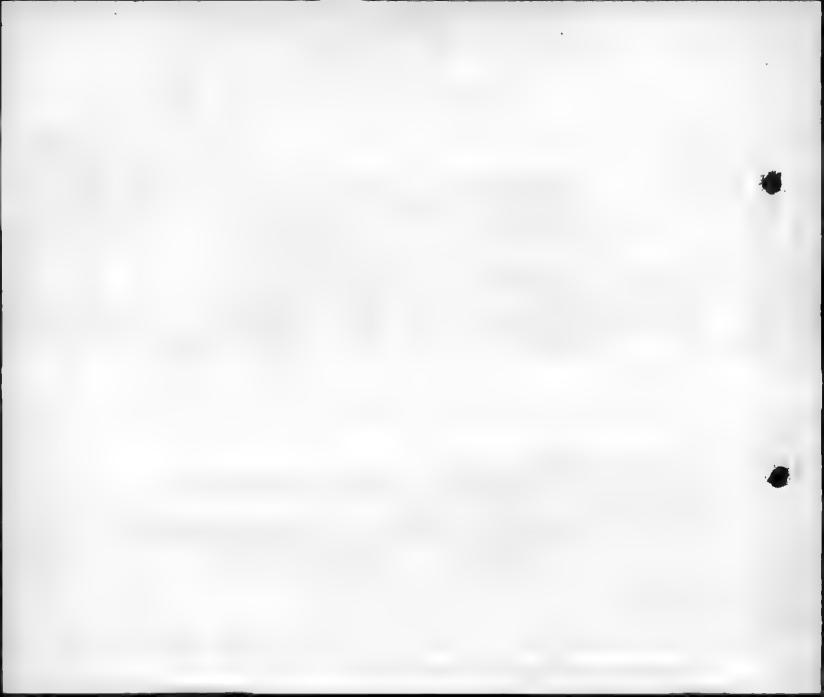
08013

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission)				
	O. COUNTY HARFORD MARYLAND	O. STATE ALLO B COUNTY HARFORD				
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	2 Mc. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)				
	HAVRE DEGRALE 30 YRS	HAVRE DEGRACE				
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS, e. 15 RESIDENCE				
	109 N. UNION AYE.	109 N. UNION AVE VES NO DE				
	3. NAME OF DECEASED , First Middle -	Lost 4. DATE Month Day Year				
	(Type or print) ANNIE CARTY	JOHNSON DEATH JULY 8 1958				
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.				
	TEMALE WHITE WIDOWED DIVORCED	MAY 12, 18/8 80 m.				
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU during mast of working fife, even if retired)	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	HOUSE WIFE METIRED	Mo 9.5 A.				
V	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
$/\!\! I$	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address				
	(You do of unknown) (If you give was or dates of service)					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	ON THE DEMINISTRA				
	PART I. DEATH WAS CAUSED BY:	THOMAS INTO MISTER ONSET AND DEATH				
	DUE TO	Custoff Control of the Control of th				
	Conditions If my which) 19971411 58	PILLASIA				
	gave rise to immediate					
	couse (a), stating the under lying couse last.	MURAN GROUND 4				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT	PERFORMED? YES NO				
	□ I OR CONTRIBUTING IT CAUSE OF BEATH I	D. (Enter nature of injury in Part I or Part II of item IB.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. Pt. While Not while for work of work of work of the p.m.	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State)				
	p. m. 19 of work of of work					
	21. I certify that I attended the deceased from Jun 16	1956, to July 5, 195 that I last saw the deceased				
	alive on	accurred at 5, 50 M. from the couses and on the date stated above.				
	ACTUAL OF THE MAN	ADDRESS (\$Ireel, city or town, story) DATE SIGNED				
	SIGNATURE	M.O. J. T. J.				
	PHYSICIAN'S (-), h. hewis	HAURE de GRACE, TIE.				
	220 BURIAL CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY O	R*CREMATORY 22d. LOCATION (City, town, or coupty) (State)				
	BRENOVAL SPECIFIC 7-11-1958 BABE PS	CEM. HARFORD CO. MD				
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	O MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
	T-11/10 dison MACGILLY HAVRE DE U	TPACE DATE JUL 1 1 158 RELEGANCH				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 ed in by the funeral directar, may be retained by the haspital or anding physician.

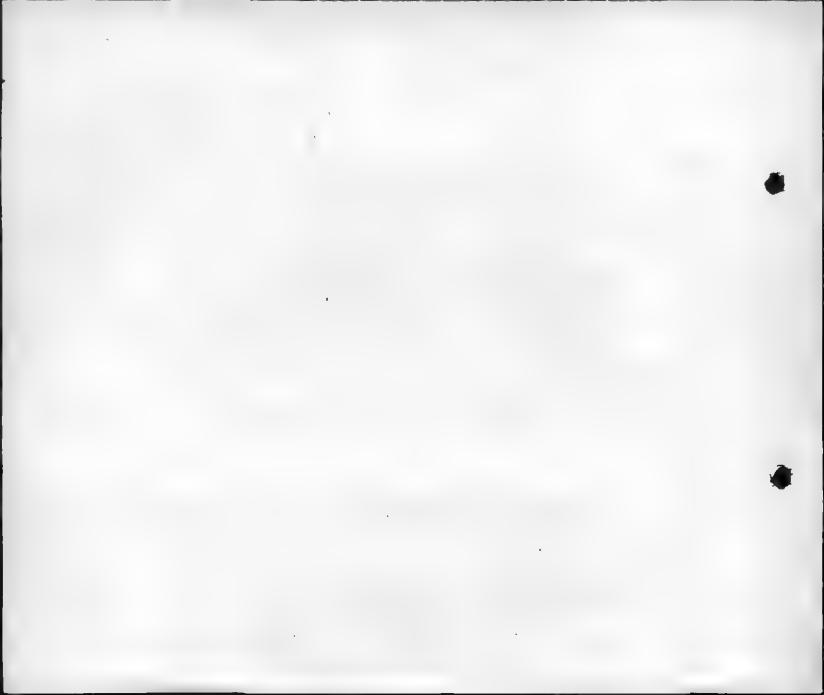
**TO FUNERAL DIRECTOR: After this a cate has been signed by the attending physician and campleted page 3 should be detached far use the burial-transit permit. Then please remaye carbon papers. Page 3 should be detached far use the burial-transit permit. Then please remaye carbon papers. Page 3 should be detached for use the burial, or remayol, and in any event within 72 hauss-after death.

M



CERTIFICATE OF DEATH Item 9 8010 Reg. Dist. No Wilh il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived off institution Residence before admission) o. COUNTY a STATE **b.** COUNTY MARYLAND ofter deoth. the funeral should be fo b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If pulside corporate limits, write RURAL and give prefest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital a ve street addresst d. STREET ADDRESS e IS RES DENCE OR INSTITUTION ON A FARM? 20 YES 🔲 NO 🎉 NAME OF First Middle DATE Month Day DECEASED OF (Type or print) DEATH 190 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COJOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9 AGE (In years Months Days Min. DIVORCED | WIDOWED [7] comple 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Elines. corbo 13. FATHER'S NAME MOTHER'S MAIDEN NAME ottending physicion n please remove car hours IS WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 within 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: are bra IMMEDIATE CAUSE (a) **DUE TO** á Canditians, if any, which fbi signed gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) cote 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or lown) Day, Year (County) (Stole) factory, street, affice bldg, etc.) Haur o. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from May 10 . 1958. to July ___, 1958,that I last saw the deceased and that death accurred at 8.20A.M., from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 8 should O FUNERAL C PHYSICIAN'S Stons -eonoe NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) (State) REMOVAL (Spec fy) the 23. JUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRARYS SIGNATURE VS A15 (4) MACDATE 1SM 10/57 10.0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



or attending physician.

The bottom copy may be retained by the hospital

TO ATTENDING PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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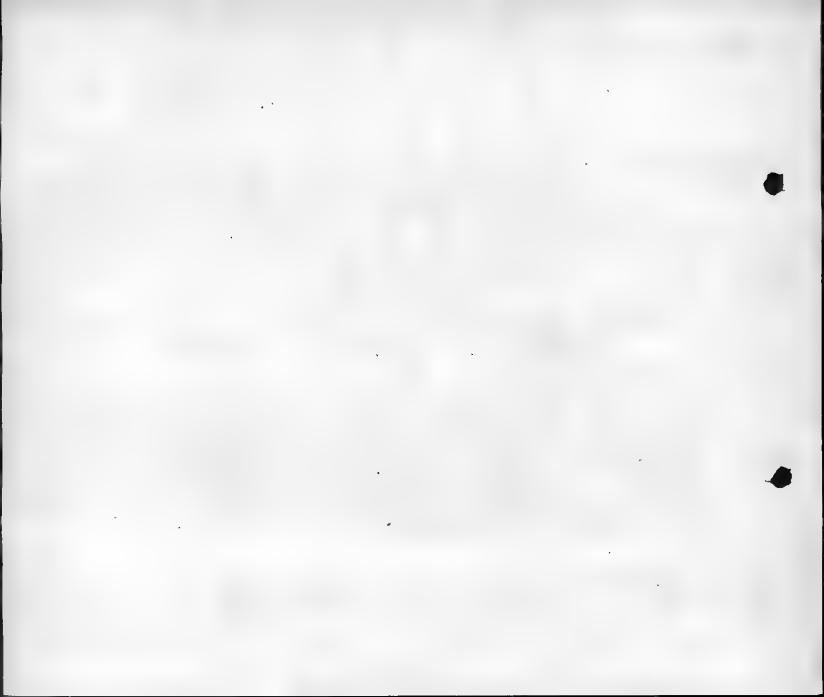
8024 CERTIFICATE OF DEATH

Reg.	Dist.	No.

ē=	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
the the	COUNTY HARFORD	STATE Md. COUNTY HARFORD
hours	CITY (If outside corporate limits, write RURAL OR and give nearest lown) TOWN RURAL—BEL AIR LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN ABERDEEN
within 72 funeral dire	HOSPITAL OR INSTITUTION OR HARFORD CONVALESCENT HOME	ADDRESS (If rurel give location)
strar wi	3. NAME OF (First) (Middle) DECEASED (Type or Print) KATHERINE A JOHNS	(last) 4. DATE [Month] (Dey) (Yeer) OF DEATH JULY 1958
the registrar in by the (FEM. WH. SINGLE, MARRIED, WIDOWED DWORCED, SPECIAL SUPPLY AND SUPP	414 1864 94 Yrs. Months Days Hours Min.
filed ii.	10e. USUAL OCCUPATION (Give kind of work done dyeng most of working life, even of relief of the control of the	Reference (State of toreign country) Kalandson Md. USA.
completely	Wm. W. Wilson	Mary Fraker
ertificate be fil and complete burial transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unb.) (8 Yes, give wer or deles of service) (M. Lewis M. C.	J. Kee Johnson Hand How Ma
dia h	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERT LLLLA IMMEDIATE CAUSE (A) CEREBRAL HEMORRHA	INTERVAL BETWEEN ONSET AND DEATH
he de physical sea	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) CARDIO-VASCILLAR-PA	nal disease
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	
ប៊ុស្គប់	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
4 - 1	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO Y
The uted shou	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
CTOR n exec sembly	M. et work	RIF. HOW DID INJURY OCCUR?
DIREC s been ate asse	22. I hereby certify that I attended the deceased from May 5, 1 alive on July 19.58, and that death occurred at	9569, toJuly
Hag W	SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR DEMOVAL (SPECIFY)	LOCATION (City, town, or county) (Siete)
75	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE JUL 3 1 '58	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Summer ADD



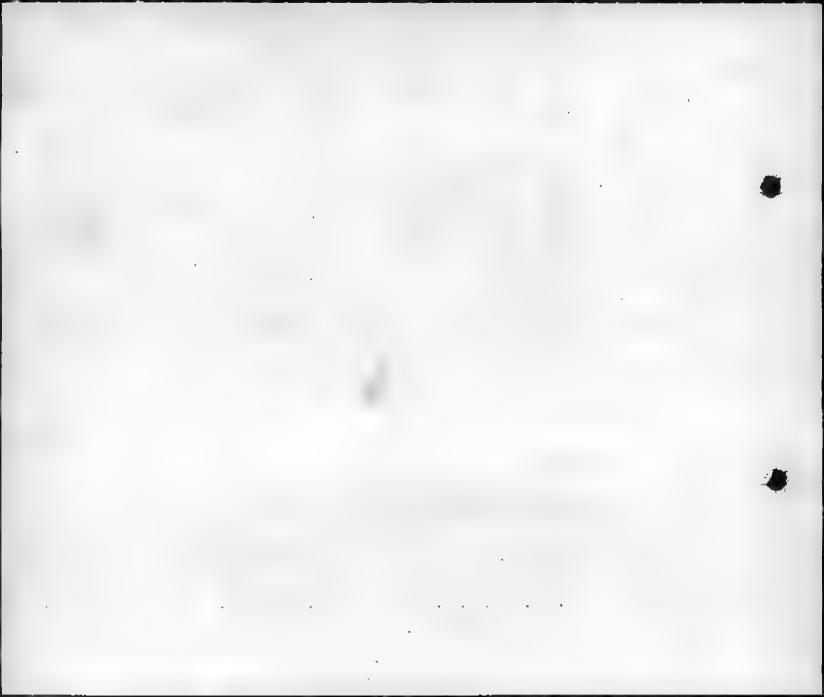
1	. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 8 () 1 ()
FOR STATE	8025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH H 37- F3 > C/ MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE 6 COUNTY H COLOREST
your file	b CITY OR TOWN (If outs de corporate I mits, write FURAL ond give nearest town) and give nearest town) ond give nearest town) OVAS. R.D. Whitehore
and for med for the Boor	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street boddress) d. STREET ADDRESS on A FARM? YES \(\sigma \) NO \(\sigma \)
for dea	3. NAME OF DECEASED (Type or print) De VI CH NOOTH DEATH JUST HOUSE 1958 5. SEX A GOOD OF RACE 7. MARRIED IT NEVER MARRIED
5 may 2 with hours a	WIDOWED DIVORCED Apr. 16, 1948 O yrs Months Doys Hours Min
1. 2. a. 1. 2. diffin 72	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) STUDENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ve Page	CARL E. KNOOP MARGERETHA GALLION 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address.
Tay with Si	[Ten, no. of ARLE. KNOOP, WHITEFORD, MD.] [18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
in flem ansit pe val, and	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO DUE TO
pencil sr's Offi purial-tr	Conditions, if any, which again to immediate cause (e), stating the underlying OUE TO
ding" is d as o l tation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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3 should	20c, TIME OF INJURY Month, Doy, Yeor 20d, INJURY OCCURRED 20e PLACE OF INJURY (Horne, form, 70f (Gry, or town) (County) (Sinte)
writing to the Poge t, prior	· 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
ifficate, rwarded RECTOR ed agen	opinion death resulted from: Notural causes []. Accident []. Suicide [], Hamicide [], Undetermined monner [] ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER [] BEDATE MAD DATE SIGNED
the certain the ce	EXAMINER'S Gerill Pi (nc) M). ASSISTANT MEDICAL EXAMINER [] 7-16-50
or ins	220. BURIAL CREMATION, 276 DATE THEREOF 220. NAME OF CEMETERY OF CREMATORY 220 LOCATION (City, fown, or county) BURIAL 7-19-58 DUBLIN SOUTHERN DUBLIN, M.
A15ME M 2/57	23 FANERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 5 SIGNATURE DATE JUL 1 8 '58 000 - 1
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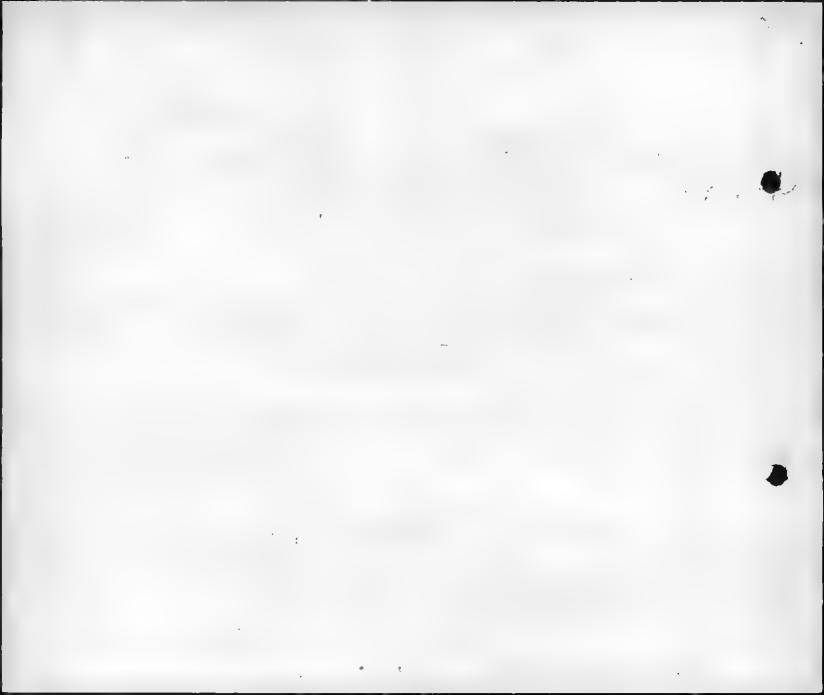
M. for	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 State of	
** Ex	Onta MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE	Reg. Dist. No.	on here
0 0 2	PLACE OF DEATH O. COUNTY O. STATE O. STATE O. COUNTY O. STATE O.	
ory. Pleas for. Page of Health	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) only give nearest rown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	-
d of d	NOVIC NEOLIA DOLLA HISTORIA	
is need for the Boar	tarful Memorial A up 306 S. Philadefluid Blok ves on A FART	,5 X
stair State or deat	3. NAME OF DECEASED (Type or print) Walter Middle Kuble Death July 22 19 5	8
To I of	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE I'M your Months Day's Hours Min	P
5 mg 2 win	WIDOWED DIVORCED 6/27/18/8 70 yrs Middlins Bays Middlins	
Poge ond n 72 l	100 LSUAL OCCOPATION (Give kind of work done) 10h KIND OF BUSINESS OR INDUSTRY 11/ B RTHPLYCO (Stote for foreign country) USA: USA:	TRY?
Se	13. FATHER'S NAME	
Pod c	unburun linkurun	
Correction of Fire	15. WAS DECEASED EVER IN L. S. ARAFED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yh, give war or dors at service) (If yh, give war or dors at service) (M. MANNEN Mulesuman Charles Lublin 1150 Odila. Road	
Harring Harrin	18. CAUSE OF DEATH [Enler only one cause per line for (o), (b) and (c)] ONSE AND PEAT WAS CAUSED BY	
Item along	PART I, DEATH WAS CAUSED BY: Fracture / Jenus & days	-
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red Sent	Conditions, if any, which by gave rise to immediate cause	
or Berg	(a), stating the underlying DUE TO	
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rd 'p Nedice d be a of cr	200. EXTERNAL CAUSE WAS PRIMARY EX or CONTRIBUTING CAUSE OF DEATH.	٠.
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The same of the sa	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED (Coe PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State of the p.m. 7 - 18 8 of work of	" "/
AMI	21. I certify that I taok charge of the remains described above, held an Autopsy [], Inspection [2], Inquiry [], and in	ny
TOR:	apinion death resulted fram. Natural causes . Accident . Soicide . Hamicide . Undetermined manner .	
forwo ored	ACTUAL SIGNATURE SECULO CONTROL DATE SIGNED	
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Should be should	220. BURIAL CREMATION, 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	
5 ° 5 °	22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AS A 240 REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE	-
VS A15ME	lenning for Hound Gene No DATE JUL 25 58	
8M 2/57 €	DAR	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08018 8012 **CERTIFICATE OF DEATH** Reg. Dist. No filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Regidence before admission) b. COUNTY MARYS AND be f CITY OS TOWN (If outside corporate limits, write C. LENGTH OF STAY IN AL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lown) the fune should I NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 17 NAME OF Middle 4. DATE Lost Yeor DECEASED (Type or print) DEATH accorde 10 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (M years lost birthdoy) 8. DATE ON IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED [L/ 455 USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSTNESS OR VADUSTRY 11. BIRTHPLACE (Stole on foreign country) 12 CITIZEN OF WHAT COUNTRY? ng prost of working the even if retired 70 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME AS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), steting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P 700. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTICE MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home; furm, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street office bldg, etc.) Hour o.m. White of work at work 21. I certify that hattended the/deceased fram 19 that I last saw the deceased and that death occurred at A AM from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL-PHYSICIAN'S NAME (Type) Edward C. Loo. 211 N. Union Ave. - Hayra _dè 229 RURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county EMOVAL (Specify) O FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M M	8031 CERTIFICATE OF DEATH Reg. Dist. No.
be filed with	1. PLACE OF DEATH O COUNTY Harford AMARYLAND 2 USUAL RESIDENCE {Where deceased lived. If institution Residence before admission} COUNTY Harford AMARYLAND 2 USUAL RESIDENCE {Where deceased lived. If institution Residence before admission} COUNTY Harford
ם פו	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	Aberdeen 2 years Aberdeen Proving Ground d NAME OF HOSPITALUF regular topspital agreent confidences of Street Address In the street
	ARERDEEN PROVING GROUND, MARYIAND Quarters 116
	NAME OF DECEASED (Type or print) FRANCIS MARGARET Moddle Lost OF DECEASED (Type or print) FRANCIS MARGARET MALONEY A. DATE OF DEATH July 21 19 88
1 /	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF SIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS logis) Months Doys Hours Min
	1011000 HILL 1001
	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY United States
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Harry Bloch UNKNOWN
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Qtre 116 Aberdee (14 yes, give wor or dotte of service)
	No UNKNOWN James Irving Maloney (Husband) Proving Gd Md 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]
	PART I, DEATH WAS CAUSED BY. CONSET AND DEATH
	DUE TO
	Conditions, if ony, which) Metastatic breast carcinoma
	gave rise to immediate couse (o), stating the under-
	Iying cause last. (c) (c) (c) (c) (c) (d) (d) (d) (e) (e
	PAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 12 20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. While Not while of work of work of work of work of work of work.
	21. I certify that I attended the deceased from 24 July 1958 to 24 Jul 1958, that I lost saw the deceased
	alive an 1125 ms 211 July 50, and that death occurred at 2:25P M, from the causes and on the date stated above
	ACTUAL ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE A CORD M.D. (1) HIT
	PHYSICIAN'S ROBERT L CORN CAPT MC USAH ABERDEEN PG MD 24 Jul 58
	220 BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
	Burial 7/29/58 Arlington National Arlington, Virginia
	ADDRESS 240. REC'D BY REGISTRAR 240-REGISTRAR'S SIGNATURE
	Tarring Funeral Abordeen, Md. DATE JUL 2: 50 Chiracouch



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. FAITH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY o STATE 6 COUNTY files. Health, MARYLAND b. CITY OR TOWN I Leuturb correctly touts water PURAL C LENGTH OF STAY IN 16 c CITY OR TOWN Iff outs de corporate limits, write RURAL and a se negrest town and ave searest found your d of h d. NAME OF HOSPIAL OR INSTITUTION (If not in hospital, give street oddress) STREET ADDRESS IS RE ILLEN E YES NO C NAME OF Middle Yeor DECEASED OF (Type or print) DEATH 10 5. SEY 9 AGE (In vector 6 COLOR OR RACE MARRIED TO NEVER MARRIED TO B DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HES Days Months Hours Min 26 WIDOWED [7] DIVORCED | Nov.24, 1931 YES 50.00 No. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Wuring most of working life, even if relired) 12 CITIZEN OF WHAT COUNTRY? ond Machinist Airplane West Virginia U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Meadows Ina Mc Guire 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Ill yes, give wor or do'es of service) 234-48-1048 Laura B. Meadows. Edgewood, Maryland, 18 CAUSE OF DEATH | Fater only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEA H PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying ۾ cause lost. 0 PART II. OTHER'S GNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES [7] NO 200, EXTERNAL CAUSE WAS PRIMARY/ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of Item 18) CAUSE OF DEATH. 20d. INJURY OCCURRED JOB PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month. Doy, Yeor (County) (Stole) factory, street, off ce bldg, etc.) While Not while of work 0 00 21. I certify that I took charge of the remains described above, held an Autopsy Inspection N. Inquiry and in my CTOR: Accident, X. opinion death resulted fram: Natural causes Suicide . Hamicide Undetermined manner forward DIREC DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE AL design EXAMINER'S should I NAME [Type] DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) REMOVAL (Specify) Removal 0 Switzer Logan Co., Johnson Funeral Home NUNERAL DIRECTOR'S E'S 740. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS. A15ME Abingdon, Maryland, DATE ALL 1 BM 2757

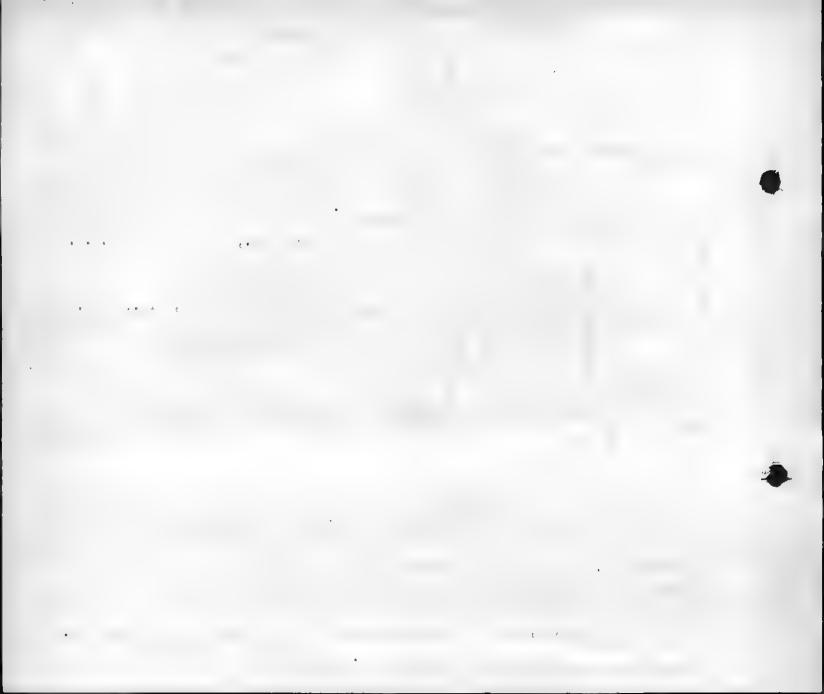


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Filed of b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be 0 RURAL and give nearest town) P Clas Graces d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Year Day DECEASED (Type or print) DEATH 1952 S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years' FUNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE Months WIDOWED I DIVORCED [7] yrs. 5 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? corban pop during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) $LL91 \times$ DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO RE 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NUURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour e.m. factory, street, office bldg., etc.) Not while of work at work 🗀 p. m. 19 18 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 6: 2 M, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURI pino PHYSICIAN'S NAME (Type) FUNER CO 270. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) **PEMOVAL** (Specify) Em Drice 0 23. FUNERAL DIRECTORS SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR ISM 9/SS



death.





this

the registrar within 72 hours after death. After in by the funeral director, the third copy of

with filled

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

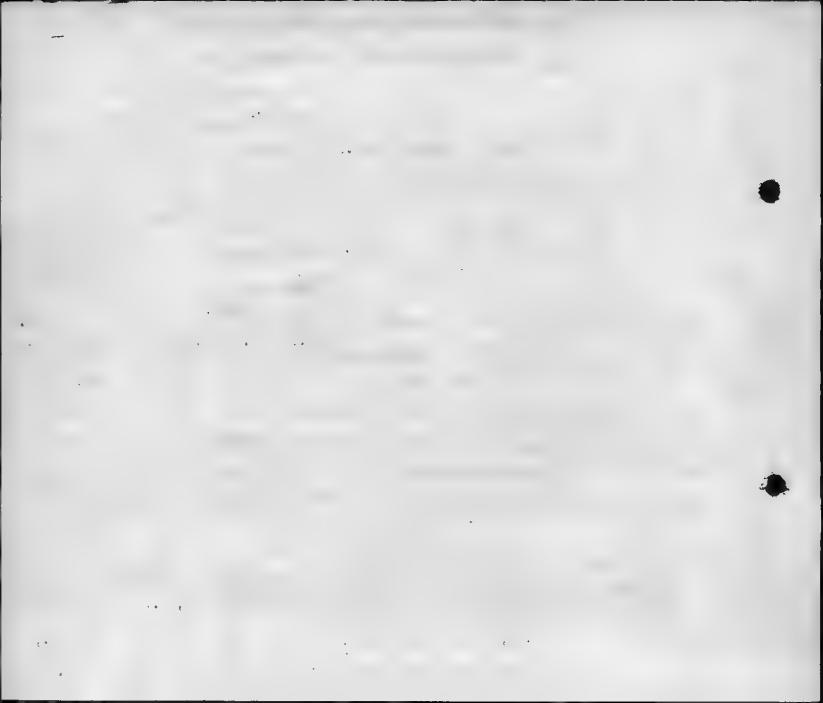
VS A15C 1-55 ■■

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08024

CERTIFICATE OF DEATH 8029

COUNTY ROTTOR COUNTY Chemical Center LibCH OF SLAY County LibCH OF SLAY County C		Reg. Dist. 140
The plant of the p	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
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HOST TALL OF NOTIFICE NOTIFICATION (First Wind 100 NR) (First Wi	Our mind String treatment to with	TOWN Burron
STREET ADDRESS QUARTERS 253 EVERENT Road 3. NAME OF (RIVID) (Middle) (Levil) (Levil) (Day) (Post) (HOSP TAL OR	STREET (If fural give location)
DECEASED (Gree rinning) 3. SEX (COLOR OR T. SINGE, MARKED. (Specifit) MATTION (Specifit)	STREET ADDRESS Quarters 253 Everett Road	ADDRESS
Company Comp	3. NAME OF (First) (Middle) DECEASED	
5. SEX 6. COLOR OR CALL COUNTY (Specify) MATTION		Carlo San
Second Marting Marti		
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The state of the s	Burial July 21 1958 Post Cemete	Army Chemical Center Md
	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	
DATE JUL 2 2 '58 German Abingdon, Md.	DATE JUL 2 2 '58 Wirefuch	Howard Mc Come & Abingdon, Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

Months

e. IS RESIDENCE ON A FARM? YES NO NO

IF UNDER 1 YEAR IF UNDER 24 HRS

United States

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

25 minutes

PERFORMED? YES 🛣 NO 🗌

7 July

(State)

Days

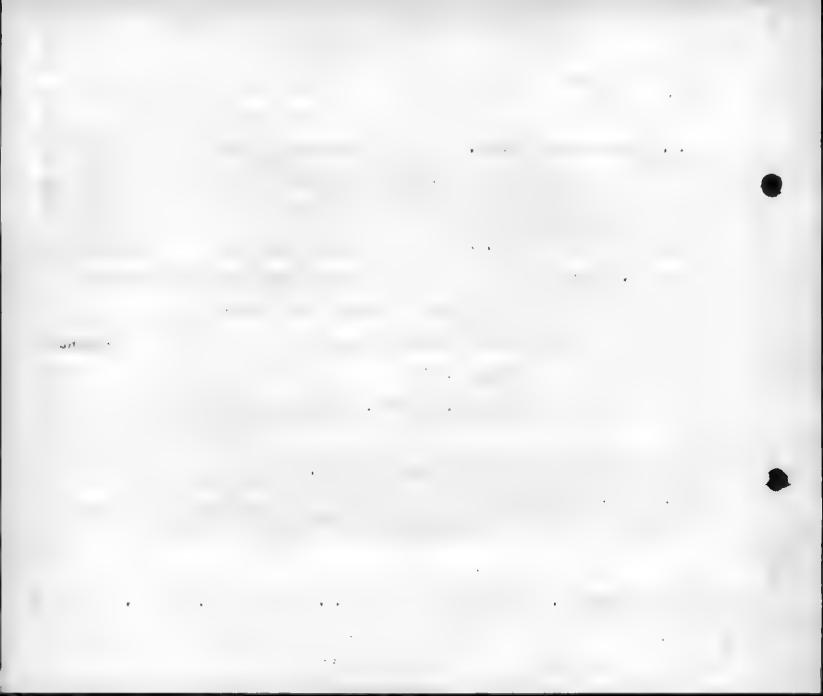
(County)

Harford

Year

19 58

1SM 10/57



, 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE		8030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	
HEALTH DEP	To,	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)	Ü
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Please Files. Health	1	b. CITY OR TOWN (If autiside corporate hinth, we to BURAL and give nearest fown) ond give nearest fown)	-
ctor ctor of		FILISTOV SEYPS A TOUSTON RD	
dire dire	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give stydet address) d. STREET ADDRESS e. IS RESID_NO	£ 3
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Poges Poges PAG.		Greorge Preston Sarah Tucker-	
24 h Sive Form File 7 ev		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Yes, no, or milnown] [11 yes, give wor or do'es of service] Address	
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te sting ding Exon d os ootio		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED?	(
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dedicate of, of,		20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) [CAUSE OF DEATH.]	
Paris Paris			_
# D 5		Hour o, m. While Not while foctory, street, office bldg, etc.)	1
MIN Tring Oge Prior		21. 1 certify that I took charge of the remains described above, held on Autapsy , Inspection . Inquiry , and in m	
EXA F. P. St. P. St. P.		apinian death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined monner	I
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NER del		NAME (Type) C JICK C JOHN MEDICAL EXAMINER D	
A should or its o		20 BURIA. CREMATON. 276 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, lown, or county) (Store)	
5 , 5 ,		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE	
VS A15ME - 5M 2/57		Will JUL 15 58 Wet south	
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08027

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

3/ma 212

12. CITIZEN OF WHAT COUNTRY?

Davs

ON A FARM? YES NO

Year

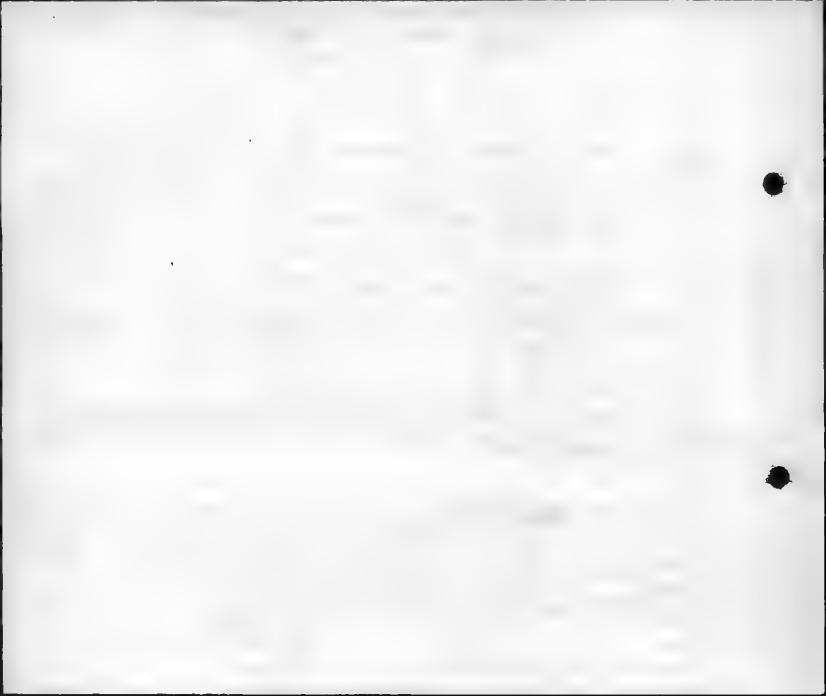
19 5

Min.

00

PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 19 5 3 that I last saw the deceased B.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county (Stale) -16-58 HARFORD MEMORIBL HOSPITAL Houne do Sonace 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAJURE DATESTI 21 11: 611 1

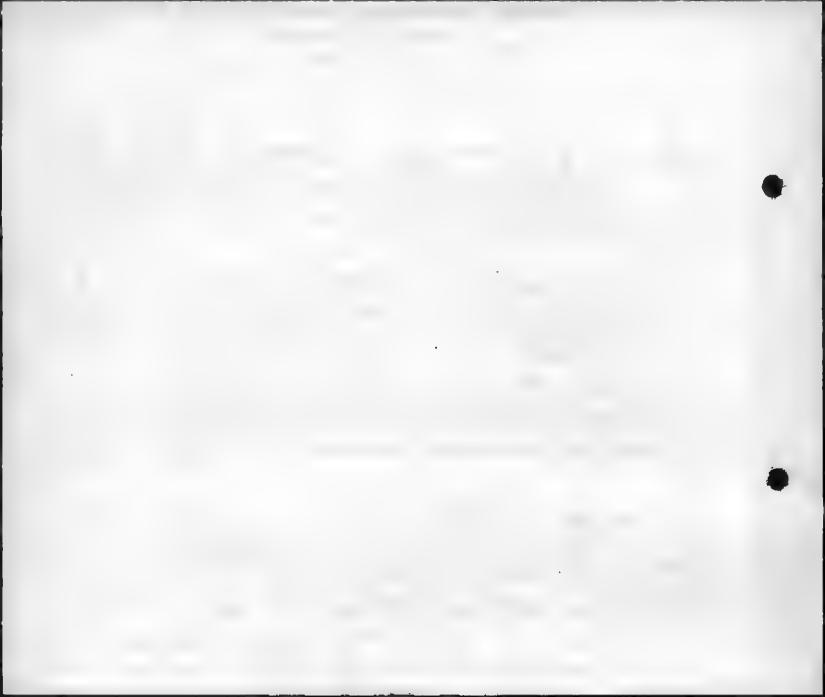
0 15M 9/55



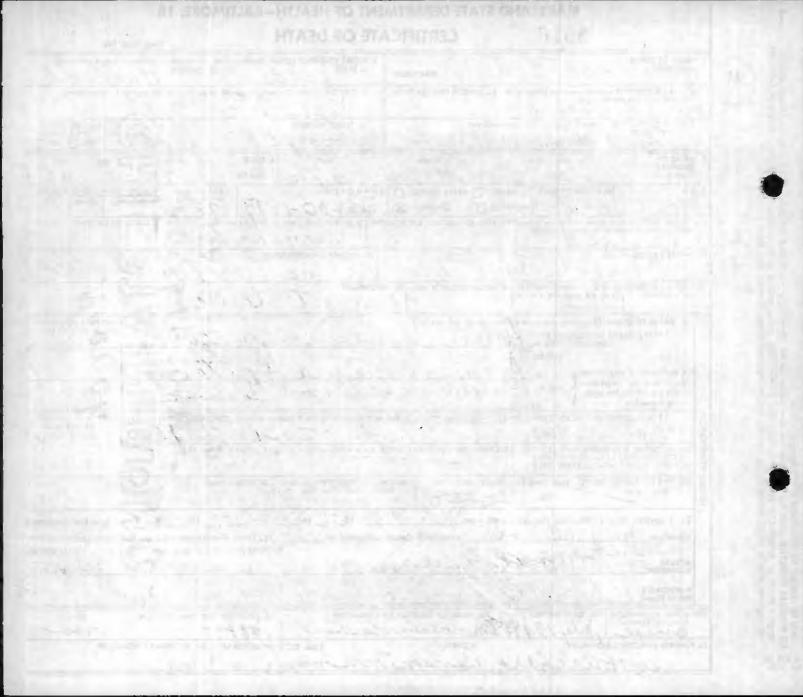
44

PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		8016	CERT	IFICATE O	F DEATH		Reg. D	ist. No.
1.	PLACE OF DEATH o. COUNTY	HarFor	ed. MAS	2. USUAL o. STAT	RESIDENCE (Where E		DUNTY LL	nce before admiss
H	RURAL and give	e-GRACE		Y IN 16 c. CITY	OR TOWN (If outside Be L Co	le corporate limits.	write RURAL and	give nearest fawr
h	d. NAME OF HOS	PITAL (If not in hospital, give	street oddress)	7/ 7/0 G	FCORTE	RuFer	rach	e. IS RES ON A YES
3.	NAME OF DECEASED (Type or print)	Wale	2 Ha	mil ST	tost 4.	DATE OF DEATH	Month 7	Day 10
1	Male	whilew	MARRIED NEVER MARI	ED & Sup	-30-18	19 P. AGE (Ir lost birth		Days Hours
	during most of w	ATION (Give kind of work done corking life, even if retired)	106. KIND OF BUSINESS	7		and	, 12. CI	TIZEN OF WHAT
	FATHER'S NAME	muel 5	mith.	Ta	nnie s	5m1	Th(K	De Me
15. (Ya	WAS DECEASED I	EVER IN U. S. ARMED FORCES (If yes, give wor or dates of service	? 16. SOCIAL SECURITY N	Margo	neTS.	Carric	Address	
Z	Conditions, if gove rise to couse (a), stati	immediate DUE TO	Arteriose Sardior	levolic ascul	and H	sperte Disea	usive	()
A CERTIFICATION	20g. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	was underlying [] 201 NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	enlar He b. DESCRIBE HOW INJURY	OCCURRED. (Enter for	De E Mig bre of injury in Part	Out file I or Port II of item	wiplage	PERFO YES [
MEDICAL	Hour o. (19	20d. INJURY OCCURRED While Not white of work ar work	fociory, street,	JRY (Home, farm, 2 office bldg., etc.)	Of. (City or town)	-	(County)
	alive on	that I attended the de	10/	of Tur., 19.	About No.	V from the con RESS (Street, city of	uses and an I	last saw the the date state
220	PHYSICIAN'S NAME (Type) O. BURIAL, CREMA REMOVAL (Spec	Edward TION, 276. DATE THEREOF	arth. L	M.D T	-	e Crac	tawn, or county)	(Stote
	Burg	C/104/11/	40 Minoria	menus	and I	77 /		110



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) p. COUNTY b. COUNTY MARYLAND ë CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Houtside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) plnoys d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D NAME OF Middle First 4. DATE Month Year DECEASED OF DEATH (Type or print) 1958 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) B. DATE IF UNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2/100 IMMEDIATE CAUSE (o' DUE TO Canditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), storing the undergud lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? greenoma YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) Haur a. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended/the deceased from Athat I last saw the deceased That death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) urial

0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

methodist **ADDRESS**

(Stote)

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

